



Consent to Release Information

Disability Services

4400 University Drive, MS 5C9, Fairfax, Virginia 22030

Student Union Building I (SUB I), Suite 2500

Phone: 703-993-2474 | Fax: 703-993-4306

Email: ods@gmu.edu | Website: <http://ds.gmu.edu>

Name: _____ G#: _____

I understand that the staff of Disability Services (DS) at George Mason University will have access to my disability records and other academic records. I further understand that in order to meet my educational needs, it may be necessary for DS to contact other campus departments and individuals on an as-needed basis. I authorize the professional exchange of academic accommodations and disability-related information for purposes of planning and providing quality services between DS staff and the following (check all that apply):

Academic Advising

Assistive Technology Initiative (ATI)

Career Services

Compliance, Diversity, and Ethics (CDE)

Counseling and Psychological Services (CAPS)

Faculty, Staff, and Administrators

Financial Aid

Housing and Residence Life

Learning Services

Mason Dining/Campus Dietitian

Office of International Programs and Services

Office of The University Registrar

Student Accounts

Student Conduct

Student Health Services

Student Support and Advocacy Center (SSAC)

Parent(s)/Legal Guardian:			
Spouse/Significant other:			
Medical Provider:			
Phone:		Email:	
Mental Health Provider:			
Phone:		Email:	
Vocational Rehabilitation Counselor:			
Phone:		Email:	
Other:			

Student Signature: _____ Date: _____

Staff Signature: _____ Date: _____